

# ARIZONA TRANSITION PLANNING FORM

## Part I

### Invitation to Participate in a Transition Planning Conference

TO: \_\_\_\_\_  
(Name of designated Public Education Agency (PEA) contact person.)

You are invited to a meeting to develop the transition plan for \_\_\_\_\_ who is currently  
(Child's Name)  
enrolled in our agency's AzEIP program and resides in the \_\_\_\_\_ School District. The child's date of birth is  
\_\_\_\_\_. The meeting will assist the parent(s) and their team to understand and plan the transition process from  
(mm/dd/yy)  
early intervention to the appropriate early childhood education programs.

The meeting will be held at:      Date \_\_\_\_\_ Time \_\_\_\_\_  
Location: \_\_\_\_\_

The members of the Transition Planning Team are:

_____	Parent <sup>1</sup>
_____	AzEIP Service Coordinator
_____	Provider from the Family's IFSP team
_____	PEA Representative
_____	Other

Please bring any necessary forms and materials to this Transition Planning Conference to assist you in:

- Providing information to the parent(s) about all available educational programs for preschool children, including those programs for children with and without disabilities.
- Providing information to the parents about the eligibility criteria for preschool special education services, including evaluation procedures and special education eligibility areas.
- Providing the parents with an explanation of the requirements of a free appropriate public education (FAPE).
- Providing the parents a copy of the procedural safeguards afforded the child and family as required in Part B of the IDEA.
- Explaining the purpose of Extended School Year (ESY) services and the documentation needed to support the IEP team in determining eligibility for extended school year services.
- Consent forms to conduct further evaluation to determine eligibility for preschool special education.
- Other information needed to facilitate a timely, seamless transition.

If I can provide further information or if your schedule conflicts with the meeting date, please call.

_____	_____
AzEIP Service Coordinator's Name	AzEIP Participating Agency
_____	_____
Phone Number	Date

<sup>1</sup> Parent means (1) a natural or adoptive parent of a child; (2) a guardian; (3) a person acting in the place of a parent (such as a relative or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); or (4) a surrogate parent who has been assigned in accordance with relevant law. "Parent" does not include the State.

# Arizona Transition Planning Form

## Part II

Conference Summary			
Child's Information			
Child's Full Name (Last, First, Middle)	Date of Birth	Date of Transition Meeting	
Child's Address	City	State	Zip Code
Primary Language of Home	Limited English Proficient ___ Yes ___ No		
Parents' <sup>1</sup> Names			
Address	City	State	Zip Code
District of Residence (based on parent(s)' address)			
Participants in the Transition Meeting			
Relationship to Child	Signature	Phone Number	
Parent(s) <sup>1</sup>			
AzEIP Service Coordinator			
Provider from the Family's IFSP Team			
PEA Representative			
Other			
Summary			
Action Steps	Timeline	Person(s) Responsible	

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